

HAMILTON COUNTY COMMUNITY CORRECTIONS  
REFERRAL FORM

*All of the following true and accurate information is needed to do an assessment.*

Referral Source: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Referred to: \_\_\_\_ Residential Work Release      \_\_\_\_ Electronic Monitoring      \_\_\_\_ Day Reporting  
(at least one box MUST be checked)

Defendant's Name: \_\_\_\_\_

Cause Number(s): \_\_\_\_\_

Is the defendant currently incarcerated? No    Yes    If yes, where? \_\_\_\_\_  
(circle one)

**\*\*IF NOT INCARCERATED, WE WILL EXPECT THE DEFENDANT TO CONTACT OUR DEPARTMENT TO SCHEDULE AN INTERVIEW.**

Defendant's present address: \_\_\_\_\_

Defendant's phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Offense(s): \_\_\_\_\_ Class of offense(s): \_\_\_\_\_

If violation, then what was the original offense and what class of offense: \_\_\_\_\_

Sentencing Date (if known): \_\_\_\_\_

*The following information should be mailed or faxed prior to interview:*

1. Pre Sentence Investigation (if available)
2. Charging Information
3. Plea Agreement
4. Criminal History (if available)
5. Police Reports

Has the defendant previously been in a Community Corrections program? No    Yes  
(circle one)

If yes, when and where? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Source Signature

Revisions Approved RBW: 9/8/10

Date

referral form